

get rid of her tumor on account both of disfigurement and agonizing pain about the temporal region. At first, the introduction of silk ligatures through the new growth was tried by the author for 3 months. No diminution in size having ensued, Prof. Studensky commenced to inject into the tumor a 25 per cent solution of perchloride of iron, one drop every 5 or 6 days. Since the injection was invariably followed by an intense pain of about 3 days duration, and sometimes also by fever ($40^{\circ}\text{C}.$), he soon reduced the strength of the solution to 10 per cent, the pain becoming somewhat more tolerable. A dense inflammatory infiltration set in around the puncture after each injection. Already, in a fortnight, a distinct shrinking could be noticed. In 5 or 6 months the tumor entirely lost its cavernous character, as far as the cutaneous aspect and the thickness of the cheek were concerned. It became dense, fibroid, and by far smaller later on, the author preceeded to inject the solution also into the affected tonsil and soft palate. Up to the date (February, 1888) as many as 200 injections have been made. Externally, there remain at present only slight traces of the former tumor, while the patient's general state is quite satisfactory, the temporal pain having disappeared. The treatment, however, is still continued, since, on any stoppage of 1 or $1\frac{1}{2}$ months duration, there come out here and there bluish, elastic, vascular nodules of a cavernous character. The injections are made into those ever appearing small angioma. On the whole, however, Prof. Studensky is obviously satisfied with the results achieved. He publishes his case to show that this old plan of dealing with an angioma, when practised with due caution, remains quite free from any grave complications (such as thrombosis and suppuration with lethal issue), which have been the cause of its fairly complete disappearance from the surgical horizon.—*Khirurgitchesky Vestnik*, March and April, 1888.

II. Treatment of Pain after Teeth Extraction. By Dr. N. BEGANOVSKY (St. Petersburg, Russia). The author divides cases of dental pain after teeth extraction into two distinct clinical categories, in one of which the symptom makes its appearance immediately after

the operation, and in the other on a second or third day. The former occurrence is observed commonly in cases of dental caries complicated with periodontitis (of any stage). The pain is characterized by an intolerable severity and is said to be dependant upon the alveolus being tightly plugged with a firm blood-clot involving flaps of a torn and inflamed periosteum and, sometimes, also exposed ends of nerves. The best treatment here is constituted by a forcible irrigation of the alveolus with 3% solution of carbolic acid, which acts both as a disinfectant and anæsthetic. In the other groups of cases the pain is relatively less intense and is caused simply by an inflammatory reaction about the alveolar wound, which arises in consequence of an infection by food-particles, oral discharges, etc. The septic inflammation is to be treated by an initial irrigation with the carbolic lotion, after which the alveolus is to be thoroughly dried and plugged with a gauze tampon soaked in the same solution. If suppuration be present, the alveolus should be well powdered with iodoform before plugging; the plug should be covered with a cotton-wool plectget which is to be changed every 1 or 2 hours. Any narcotic drugs are said to remain entirely useless in either of the categories—*Zubovratchebnyi Vestnik*, December, 1888.

III. Mucous Cyst of Dorsum of the Tongue. By Dr. W. ZOEZE-MANTEUFFEL (Dorpat, Russia). A gentleman, aged 50, came to the writer with complaints of a painless but gradually increasing swelling of his tongue, which had been noticed by him first about 8 months before, and of late been greatly interfering with his speech and swallowing any solid food. On examination, the anterior part of the dorsum was found to be occupied by a symmetrically developed tumor of the size and shape of a hen's egg. Backward, it reached nearly as far as the circumvallate papillæ; on either side there remained intact only a narrow strip of the parenchyma of the organ. The swelling was covered with a normal mucous membrane; it was elastic and fluctuating. A puncture with a Pravaz's syringe drew out about 30 cm. of a milky, slightly opalescent fluid. The patient's speech was jabbering and lisping (*lallend*). An incision, 1½ cm. long, was made, several cubic centimetres of the same fluid escaping. The wall of the cyst